

114.3 CMR 10.00: ADULT DAY HEALTH SERVICES

Section

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10.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 10.00 governs the payment rates effective November 1, 2007 for Adult Day Health Services provided to Publicly-Aided Patients. The payment rates in 114.3 CMR 10.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L.c.152.

(2) Coverage. The payment rates in 114.3 CMR 10.00 are full compensation for adult day health services as well as for any related administrative or supervisory duties rendered in connection with the provision of Adult Day Health Services.

(3) Disclaimer of Authorization of Services. 114.3 CMR 10.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 10.00. Governmental Units or workers compensation insurers that purchase care are responsible for the definition, authorization, and approval of care and services to covered individuals.

(4) Authority. 114.3 CMR 10.00 is adopted pursuant to M.G.L.c.118G.

10.02: General Definitions

As used in 114.3 CMR 10.00, terms will have the meaning set forth in 114.3 CMR 10.02

Adult Day Health Services. Programs approved by the Office of Medicaid under 130 CMR 404.000 and that provide for adult recipients an alternative to 24 hour long-term institutional care through an organized program of health care and supervision, restorative services and socialization.

Adult. Any person aged 18 or over.

Basic Level of Care. The level of care for publicly-aided clients receiving Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414(A)(1).

Complex Level of Care. The level of care for publicly-aided clients receiving Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414(A)(2).

Day Setting. Any single physical facility open at least Monday through Friday for eight hours per day that has been reviewed and approved by the Office of Medicaid and other proper authorities for the operation of adult day health services program.

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized in the Commonwealth of Massachusetts to engage in the business of furnishing Adult Day Health Services to the public and who also meets such conditions of participation as may be adopted by a governmental unit.

Fiscal Year. The twelve month period defined by an Eligible Provider as its accounting period.

Governmental Unit. The Commonwealth, any department, agency, Board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Health Promotion and Prevention Rate. The rate for publicly-aided clients enrolled in Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414 (D).

Publicly-Aided Individual. A person for whose medical and other services a governmental unit is in whole or part liable under a statutory program.

Restorative Services. Indirect services, including but not limited to, case conferences or those of an in-service educational therapist, speech pathologist, or other qualified restorative therapist.

10.03: Rate Provisions

(1) Covered Services. The payment rates in 114.3 CMR 10.00 apply to Adult Day Health Services provided by Eligible Providers in a Day Setting, where:

- (a) a patient's medical condition indicates a need for nursing care, supervision or a need for therapeutic services that alone or in combination would require institutional placement; or

(b) a patient's psycho-social condition is such that without program intervention the patient's medical condition would continue to deteriorate or is such that institutional placement is imminent.

(2) Exclusions. The payments rates in 114.3 CMR 10.00 do not apply to the following circumstances and services:

- (a) specialized day programs primarily for the developmentally disabled, blind, deaf, or acutely mentally ill;
- (b) adult day health programs operating out of state;
- (c) physician services paid on a fee for service basis under 114.3 CMR 16.00 and 114.3 CMR 17.00;
- (d) restorative therapy services paid on a fee for service basis under 114.3 CMR 39.00;
- (e) transportation costs incurred by the Eligible Provider to and from the adult day health center;
- (f) services and costs paid under other regulations promulgated by the Division of Health Care Finance and Policy.

(3) Payment Rates Effective November 1, 2007. The maximum payment for Adult Day Health Services is the lower of the established charge or the rate listed below.

Code	Per Day Rate	Description
S5102	\$53.41	Basic Level of Care
S5102 + TG	\$68.01	Complex Level of Care
S5102 + U1	\$27.59	Health Promotion and Prevention Rate

(4) Payment Rates Effective November 1, 2008. The maximum payment for Adult Day Health Services is the lower of the established charge or the rate listed below.

Code	Per Day Rate	Description
S5102	\$53.93	Basic Level of Care
S5102 + TG	\$68.68	Complex Level of Care
S5102 + U1	\$27.86	Health Promotion and Prevention Rate

10.04: Reporting Requirements

(1) Required Reports. An Eligible Provider that was paid by a Governmental Unit for Adult Day Health Services provided in a prior Fiscal Year, and whose program operated for the entire prior fiscal year must submit the following information to the Division.

- (a) A complete Adult Day Health Center Cost Report for the prior Fiscal Year;
- (b) Financial Statements certified by a certified public accountant. In the absence of certified statements, the center may submit uncertified financial statements or a Balance Sheet and Operating Statement prepared by the agency, and approved by the Division of Health Care Finance and Policy.
- (c) Any other data, information or cost reporting the Division may request.
- (d) Statistical data shall be designated by the Division, including but not limited to the total number of resident days.

(2) Due Date. The annual Adult Day Health Center Cost Report and Financial Statements must be filed by September 1 of each year. The Division may amend cost reporting requirements, including the due date of required reports, by Informational Bulletin. Eligible Providers must submit any other information requested by the Division within 90 days from the date of notification, unless otherwise specified by the Division.

(3) Additional Information. Each Eligible Provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Division may from time to time request.

(4) Extension and Alternative Cost Reporting Methods. Upon written request from a provider demonstrating that good cause exists, the Division may grant an extension of time for filing required reports or at its discretion may allow a provider to substitute other cost data than required in the adult day cost report.

(5) Penalty for Non-Compliance. The Division may reduce an Eligible Provider's payment rate if the Provider fails to submit accurate and timely information as required above. The Division may reduce the Provider's rate by 5% per month of non-compliance, not to exceed 50%. If the Provider has not filed the required data at such time as the Division adopts revised payment rates that are higher than the penalty-adjusted current rates, the Provider's rates will not be increased. If the revised rates are lower than the penalty-adjusted current rates, the revised rate will become effective and subject to further penalty for non-compliance. The Division may also notify the governmental purchasing agency of the Provider's failure to submit required data and request that the Provider be removed from the purchasing agency's list of eligible providers.

10.05: Severability of Provisions of 114.3 CMR 10.00

The provisions of 114.3 CMR 10.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be

held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 10.00: M.G.L.c.118G